

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **ASSESSMENT UNIT INVENTORY**

(PARAMEDIC/MICN)  
REFERENCE NO. 704

PURPOSE: To provide a standardized minimum inventory on all Assessment Units.

PRINCIPLE:

1. Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.
2. The minimum required amounts may be augmented according to anticipated needs in consultation with the Medical Advisor of the Provider Agency or the Medical Director of the EMS Agency.

POLICY: Assessment Units shall carry the following equipment. Reasonable variations may occur.

<b>MEDICATIONS*</b> (minimum required amounts)			
Albuterol (pre-mixed with NS)	<b>5 mg</b>	Epinephrine (1:10,000)	<b>2 mgs</b>
Aspirin (81 mg chewable)	<b>648 mgs</b>	Glucagon	<b>1 mg</b>
Atropine Sulfate ( 1mg/10 ml)	<b>1 mg</b>	Naloxone	<b>2 mgs</b>
Adenosine	<b>6mg</b>	Nitroglycerin Spray or tablets	<b>1</b>
Dextrose 50%	<b>50 mls</b>	Normal Saline (for injection)	<b>1 vial</b>
Epinephrine (1:1,000)	<b>1 mg</b>	Ondansetron 4mg ODT and IV	<b>16 mgs</b>


<b>INTRAVENOUS FLUIDS</b> (minimum required amounts)	
250 or 500 ml normal saline	<b>1</b>

<b>SUPPLIES*</b> (minimum required amounts)			
Airways – Oropharyngeal			
Large	<b>1</b>	Medium	<b>1</b>
Medium	<b>1</b>	Small Adult/Child	<b>1</b>
Small Adult/Child	<b>1</b>	Toddler	<b>1</b>
Infant	<b>1</b>	Infant & neonate	<b>1 each</b>
Alcohol prep pads	<b>5</b>	Burn pack or burn sheets	<b>1</b>
Adhesive dressing (band-aids)	<b>5</b>	Cardiac Monitor/Defibrillator oscilloscope	<b>1</b>
Bag-valve device with O <sub>2</sub> inlet & reservoir		Cervical collars (rigid)	
Adult & Pediatric	<b>1 each</b>	Adult (adjustable)	<b>1</b>
Bag-valve mask			
Large	<b>1</b>	Pediatric	<b>1</b>

EFFECTIVE: 1-5-88  
REVISED: 07-01-16  
SUPERSEDES: 09-01-13

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APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

<b>SUPPLIES*</b> (minimum required amounts)			
Contaminated needle container	<b>1</b>	Mucosal Atomization Device (MAD)	<b>1</b>
Commercial Catheter-Over-Needle		Needle, filtered 5-micron	<b>1</b>
Chest Decompression Needles 3.0-3.5" 14G	<b>2</b>	Normal saline for irrigation	<b>1 bottle</b>
Color Code Drug Doses LA County Kids	<b>1</b>	OB pack & bulb syringe	<b>1</b>
Defibrillator pads or paste (including pediatric)	<b>1 set each</b>	Oxygen cannulas	<b>1</b>
ECG electrodes	<b>6 each</b>	Oxygen non-rebreather masks Adult and Pediatric	<b>1 each</b>
Endotracheal tubes with stylets Sizes 6.5-7.5	<b>1 each</b>	Pediatric resuscitation tape	<b>1</b>
End Tidal CO <sub>2</sub> Detector/Aspirator (adult)	<b>1</b>	Personal Protective Equipment mask, gown, eye protection	<b>1 each per provider</b>
Penlight	<b>1</b>	Procedures Prior to Base Contact Field Reference No. 806.1	<b>1</b>
Gauze pads 4x4 (sterile)	<b>4 packages</b>	Saline locks	<b>2</b>
Gauze Bandages	<b>2</b>	Scissors	<b>1</b>
Gloves, unsterile	<b>6 pairs</b>	Sphygmomanometer Adult, pediatric, thigh cuff	<b>1 each</b>
Glucometer with strips	<b>1</b>	Stethoscope	<b>1</b>
Hand-held nebulizer pack	<b>1</b>	Suction Unit (portable)	<b>1</b>
Intravenous Tubing (macro drip)	<b>1</b>	Suction Instruments 8 Fr.; 10 Fr.; 12 Fr. catheters	<b>1 each</b>
Intravenous catheters 16G-22G	<b>2 each</b>	Tonsillar Tip	<b>1</b>
King LTS-D (Disposable Supraglottic Airway device) <sup>1</sup>		Syringes: 1ml – 60ml	<b>assorted</b>
Small Adult (Size 3)	<b>1</b>	Tape, porous and cloth	<b>1 each</b>
Adult (Size 4)	<b>1</b>	Tourniquets	<b>2</b>
Lancets (automatic retractable)	<b>2</b>	Tourniquets (commercial, for bleeding control)	<b>2</b>
Laryngoscope blades Adult	<b>1</b>	Tube introducer	<b>2</b>
Pediatric, Miller #1 & #2	<b>1 each</b>	Vaseline gauze	<b>2</b>
Laryngoscope handle Adult (compatible with pediatric blades)	<b>1</b>		
Magill Forceps, Adult & Pediatric	<b>1 each</b>		

<b>SUPPLIES*</b> (approved optional equipment)			
Radio transmitter receiver**		Splints, traction	
Intraosseous device		Splints, long and short	
Adult	<b>1 each</b>		
Pediatric	<b>1 each</b>		
(requires EMS Agency approved training program and QI method prior to implementation)			
Continuous Positive Airway Pressure (CPAP) Device (requires EMS Agency approved training program and QI method prior to implementation).			

\* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

\*\*Los Angeles County Department of Communications, Spec. No. 2029/2031/2033

<sup>1</sup> Providers are to have one type of airway adjunct only.

This policy is intended as an Assessment Unit inventory only, supply and resupply shall be in accordance with Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 416, **Assessment Units**

Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**